## GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES



## DEPARTMENT OF LABOR

2203 Church Street - Christiansted St. Croix, VI 00820-4612 (340) 773-1994 Fax (340) 773-0094 P. O. Box 302608 - Charlotte Amalie St. Thomas, VI 00803-2608 (340) 776-3700 Fax (340) 774-5908 or 777-4803

## Office of the Commissioner

May 3, 2005

## NOTICE TO All Economic Development Authority (EDC) Beneficiaries

## DISSEMINATE VIA FACSIMILE

The Department of Labor is gathering data from EDC Beneficiary firms on the cost of benefits provided to Partners/Owners and Managers employed along with regular employees. Please complete the attached form and return it to Leo Gardner, Jr., by fax (340-777-4803), email (lgardner@vidol.gov), by mail or hand delivery, to P.O. Box 302608 (53-54 A&B Kronprindsens Gade) St Thomas, VI 00803-2608, to arrive no later than Friday May 27<sup>th</sup>.

On the attached form, please list the type of benefit offered and the associated cost, i.e. sick and annual leave, personal time, health, dental, life and/or disability insurance, Air Med Service, tuition for employee or dependents, training, education, transportation, 401 K, profit sharing, bonus, housing, membership dues and other benefits offered. List the benefits and respective costs in the categories provided, i.e. owner/partner/officer, manager, and other managerial positions paid by the firm. For employees/non managerial positions, list the benefits offered and the cost or value of each. Please include any insurance deductible or other criteria for receiving these benefits for the individual or their families.

Thank you for your prompt response. If you have questions please call Mr. Gardner at 776-3700, ext 2044 (lgardner@vidol.gov), or Mr. Anthony Greene at 776-3700, ext 2118.

Sincerely,

Eleuteria Roberts Acting Commissioner

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## 2005 REPORT OF EDC BENEFITS PROVIDED

| EDC BENEFICIARY NAME:   |                                    | , UI No             |
|---|------------------------------------|---------------------|
| ADDRESS:  |                                    |                     |
|   |                                    |                     |
| RESPONDING OFFICIAL NAME  | AND TITLE:                         |                     |
| DATE FILED:   | _, 2005                            |                     |
| (By Category – Do Not Use Names <b>Position or Type</b> Partner/Owner | ) Specify Type of BENEFIT PROVIDED | Benefits (\$) VALUE |
|   |                                    |                     |
|   |                                    |                     |
| Managerial Positions  |                                    |                     |
|   |                                    |                     |
| Employee Positions  |                                    |                     |
| Employee I ositions   |                                    |                     |
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Attach additional sheets as needed.